



486784

SD 7/1/80  
RCRAY. Watt  
4/22/86

**POTENTIAL HAZARDOUS WASTE SITE  
PRELIMINARY ASSESSMENT  
PART 1 - SITE INFORMATION AND ASSESSMENT**

**I. IDENTIFICATION**

01 STATE	02 SITE NUMBER
ILL	005938790

**II. SITE NAME AND LOCATION**

01 SITE NAME (Legal, common, or descriptive name of site) <b>Bosch Trucking Firm</b>		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER <b>5600 So. Washington</b>	
03 CITY <b>Bartonville</b>	04 STATE <b>IL</b>	05 ZIP CODE <b>61607</b>	06 COUNTY <b>Peoria</b>
07 COUNTY CODE <b>143</b>	08 CONG DIST <b>18</b>		
09 COORDINATES LATITUDE <b>40 55 30.0</b>		LONGITUDE <b>089 56 12.0</b>	
10 DIRECTIONS TO SITE (Starting from nearest public road) <b>Peoria West 7.5 Quad (108B)</b>			

**III. RESPONSIBLE PARTIES**

01 OWNER (If known) <b>Bosch Trucking Firm</b>		02 STREET (Business, mailing, residential) <b>5600 S. Washington</b>	
03 CITY <b>Bartonville</b>	04 STATE <b>IL</b>	05 ZIP CODE <b>61607</b>	06 TELEPHONE NUMBER <b>( )</b>
07 OPERATOR (If known and different from owner)		08 STREET (Business, mailing, residential)	
09 CITY	10 STATE	11 ZIP CODE	12 TELEPHONE NUMBER <b>( )</b>
13 TYPE OF OWNERSHIP (Check one) <input checked="" type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN			

**14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply)**
☐ A. RCRA 3001 DATE RECEIVED: \_\_\_\_/\_\_\_\_/\_\_\_\_ MONTH DAY YEAR    ☐ B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: \_\_\_\_/\_\_\_\_/\_\_\_\_ MONTH DAY YEAR    ☒ C. NONE
**IV. CHARACTERIZATION OF POTENTIAL HAZARD**

01 ON SITE INSPECTION <input checked="" type="checkbox"/> YES    DATE <b>06.12.80</b> MONTH DAY YEAR <input type="checkbox"/> NO <b>Complaint</b>		BY (Check all that apply) <input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input checked="" type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify) CONTRACTOR NAME(S): _____	
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02 SITE STATUS (Check one) <input type="checkbox"/> A. ACTIVE <input type="checkbox"/> B. INACTIVE <input checked="" type="checkbox"/> C. UNKNOWN	03 YEARS OF OPERATION BEGINNING YEAR _____ ENDING YEAR _____ <input checked="" type="checkbox"/> UNKNOWN
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**04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED**

facility located over ~~old~~ "Steel slag" landfill

**05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION**

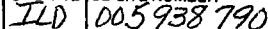
groundwater (population)

**V. PRIORITY ASSESSMENT**

01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents)			
<input type="checkbox"/> A. HIGH (Inspection required promptly)	<input checked="" type="checkbox"/> B. MEDIUM (Inspection required)	<input type="checkbox"/> C. LOW (Inspect on time available basis)	<input type="checkbox"/> D. NONE (No further action needed, complete current disposition form)

**VI. INFORMATION AVAILABLE FROM**

01 CONTACT <b>Steve Wright</b>	02 OF (Agency/Organization) <b>Bosch Trucking Firm</b>	03 TELEPHONE NUMBER <b>( )</b>
04 PERSON RESPONSIBLE FOR ASSESSMENT <b>Kenneth L. Page</b>	05 AGENCY <b>IEPA</b>	06 ORGANIZATION <b>RPMS</b>
	07 TELEPHONE NUMBER <b>217 7826760</b>	08 DATE <b>1 1 86</b> MONTH DAY YEAR



I HIGHLY VOLATILE  
J EXPLOSIVE  
K REACTIVE  
L INCOMPATIBLE  
M NOT APPLICABLE

## EPA FORM 2070-12 (7-81)



POTENTIAL HAZARDOUS WASTE SITE  
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER  
ILL 005938790

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☒ A. GROUNDWATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED: 6,110

02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☒ POTENTIAL ☐ ALLEGED

04 NARRATIVE DESCRIPTION

old landfill used to dispose of steel "slag", potential percolation of substances into groundwater.

01 ☐ B. SURFACE WATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED

04 NARRATIVE DESCRIPTION

01 ☐ C. CONTAMINATION OF AIR

03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED

04 NARRATIVE DESCRIPTION

01 ☐ D. FIRE/EXPLOSIVE CONDITIONS

03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED

04 NARRATIVE DESCRIPTION

01 ☐ E. DIRECT CONTACT

03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED

04 NARRATIVE DESCRIPTION

01 ☒ F. CONTAMINATION OF SOIL

03 AREA POTENTIALLY AFFECTED: 0

(Acres)

02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☒ POTENTIAL ☐ ALLEGED

04 NARRATIVE DESCRIPTION

~~Ally~~ facility is located over an old steel "slag" landfill.

01 ☐ G. DRINKING WATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED: 6,110

02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED

04 NARRATIVE DESCRIPTION

"A" above

01 ☐ H. WORKER EXPOSURE/INJURY

03 WORKERS POTENTIALLY AFFECTED: \_\_\_\_\_

02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED

04 NARRATIVE DESCRIPTION

01 ☐ I. POPULATION EXPOSURE/INJURY

03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED

04 NARRATIVE DESCRIPTION



POTENTIAL HAZARDOUS WASTE SITE  
PRELIMINARY ASSESSMENT  
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER  
TLD 005938790

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☐ J. DAMAGE TO FLORA  
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED

01 ☐ K. DAMAGE TO FAUNA  
04 NARRATIVE DESCRIPTION (include name(s) of species)

02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED

01 ☐ L. CONTAMINATION OF FOOD CHAIN  
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED

01 ☐ M. UNSTABLE CONTAINMENT OF WASTES  
(Spills, runoff, standing liquids, leaking drums)  
03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED  
04 NARRATIVE DESCRIPTION

01 ☐ N. DAMAGE TO OFFSITE PROPERTY  
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs  
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☐ POTENTIAL ☐ ALLEGED

01 ☒ P. ILLEGAL/UNAUTHORIZED DUMPING  
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: \_\_\_\_\_) ☒ POTENTIAL ☐ ALLEGED

*Alleged that facility is located over an old landfill that was  
use to dispose of steel "slag"*

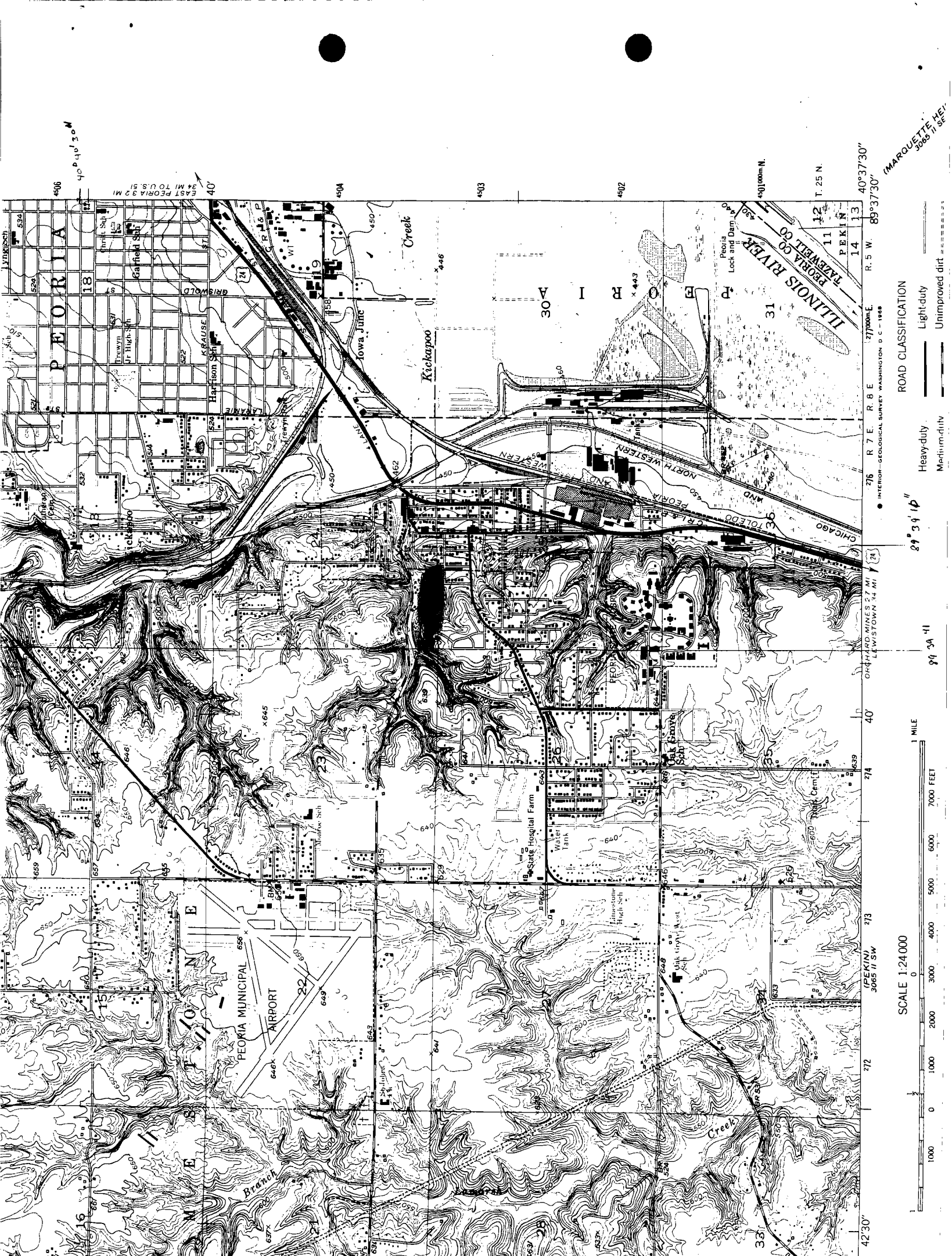
05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

III. TOTAL POPULATION POTENTIALLY AFFECTED: 6,110

IV. COMMENTS

V. SOURCES OF INFORMATION (Cite specific references, e. g., state files, sample analysis, reports)

*IEPA Division File - LAND*



SCALE 1:24,000



89° 34' 10"

94° 34' 41"

ROAD CLASSIFICATION

- Heavy-duty
- Medium-duty
- Light-duty
- Unimproved dirt

INTERIOR-GEOLOGICAL SURVEY WASHINGTON, D. C. - 1968

MARQUETTE, MI 3065 1 SE

## EXECUTIVE SUMMARY

Bosch Trucking Firm, ILD005938790, is a trucking depot located at 5600 South Washington in the Village of Bartonville, Illinois.

On June 8, 1980, a complaint was filed with this Agency that the trucking depot is located over an old landfill, and seven of the employees have cancer. On June 12, 1980, the complaint was investigated and found that the facility is located over an area once used by Keystone to get rid of steel "slag". Mr. Steve Wright, Manager, was aware that five people who had worked for the company had died of cancer.

This site should be further investigated with the cooperation of the County Health Department to assess the danger, if any, that the old landfill is having on humans. A medium priority is assigned.

KP:tk:4/10/16(4/14/86)



POTENTIAL HAZARDOUS WASTE SITE  
FINAL STRATEGY DETERMINATION

REGION IV SITE NUMBER IL000610177

File this form in the regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME BOSCH TRUCKING FIRM  
B. STREET  
C. CITY BARTONVILLE  
D. STATE ILLINOIS  
E. ZIP CODE

II. FINAL DETERMINATION

Indicate the recommended action(s) and agency(ies) that should be involved by marking 'X' in the appropriate boxes.

RECOMMENDATION	MARK 'X'	ACTION AGENCY			
		EPA	STATE	LOCAL	PRIVATE
A. NO ACTION NEEDED	X				
B. REMEDIAL ACTION NEEDED, BUT NO RESOURCES AVAILABLE (If yes, complete Section III.)					
C. REMEDIAL ACTION (If yes, complete Section IV.)					
D. ENFORCEMENT ACTION (If yes, specify in Part E whether the case will be primarily managed by the EPA or the State and what type of enforcement action is anticipated.)					

E. RATIONALE FOR FINAL STRATEGY DETERMINATION

NOT A HAZARDOUS WASTE SITE

F. IF A CASE DEVELOPMENT PLAN HAS BEEN PREPARED, SPECIFY THE DATE PREPARED (mo., day, & yr.).  
G. IF AN ENFORCEMENT CASE HAS BEEN FILED, SPECIFY THE DATE FILED (mo., day, & yr.).

H. PREPARER INFORMATION

1. NAME P. DIMOLK  
2. TELEPHONE NUMBER 846-6710  
3. DATE (mo., day, & yr.) 8-7-80

III. REMEDIAL ACTIONS TO BE TAKEN WHEN RESOURCES BECOME AVAILABLE

List all remedial actions, such as excavation, removal, etc. to be taken as soon as resources become available. See instructions for a list of Key Words for each of the actions to be used in the spaces below. Provide an estimate of the approximate cost of the remedy.

A. REMEDIAL ACTION	B. ESTIMATED COST	C. REMARKS
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
D. TOTAL ESTIMATED COST	\$	

## IV. REMEDIAL ACTIONS

**A. SHORT TERM/EMERGENCY ACTIONS (On Site and Off-Site):** List all emergency actions taken or planned to bring the site under immediate control, e.g., restrict access, provide alternate water supply, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.

1. ACTION	2. ACTION START DATE (mo, day, & yr)	3. ACTION END DATE (mo, day, & yr)	4. ACTION AGENCY (EPA, State, Private Party)	5. COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED.
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

**B. LONG TERM STRATEGY (On Site and Off-Site):** List all long term solutions, e.g., excavation, removal, ground water monitoring wells, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.

1. ACTION	2. ACTION START DATE (mo, day, & yr)	3. ACTION END DATE (mo, day, & yr)	4. ACTION AGENCY (EPA, State, Private Party)	5. COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED.
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

## C. MANHOURS AND COST BY ACTION AGENCY

1. ACTION AGENCY	2. TOTAL MAN- HOURS FOR REMEDIAL ACTIVITIES	3. TOTAL COST FOR REMEDIAL ACTIVITIES
a. EPA		\$
b. STATE		\$
c. PRIVATE PARTIES		\$
d. OTHER (specify):		\$